

<b>Case Number:</b>	CM14-0128047		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review, indicate that this 58-year-old female was reportedly injured on 9/11/2009. The mechanism of injury was not listed. The most recent progress note, dated 5/15/2014, indicated that there were ongoing complaints of chronic low back pain that radiated down bilateral lower extremities. The physical examination demonstrated lumbar spine moderate tenderness to palpation. There was sensation to touch to the lateral aspect of right upper leg and medial aspect of left lower leg. Right lower extremity muscle strength was 4/5. There was also positive straight leg raise seated bilaterally. Diagnostic imaging studies included x-rays of the lumbar spine, dated 3/13/2014, which revealed disc space narrowing and spondylosis. No acute abnormality noted. Previous treatment included medications, epidural injections, and conservative treatment. A request had been made for oxycodone 10 mg #180 and Lyrica 100 mg and was not certified in the pre-authorization process on 7/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Oxycodone 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93 of 127.

**Decision rationale:** MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

**Lyrica 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19,99 of 127.

**Decision rationale:** Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia and has Food and Drug (FDA) approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. After reviewing the medical documentation provided, there was identification of a diagnosis of diabetic neuropathy or post herpetic nerve pain. Therefore, the request for this medication is deemed not medically necessary.